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JUL 30 2015

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

CLERK, U.S. DISTRICT COURT
ST. PAUL, MINNESOTA

Lydia F. Guise

Plaintiff(s),

vs.

Case No. 15cv3175 JRT/JSM
(To be assigned by Clerk of District Court)

**Allina Health System and HealthEast
Care System c/o Woodwinds Health
Campus and St. Joseph's Hospital**

DEMAND FOR JURY TRIAL

YES ☒ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in
this lawsuit. Please attach additional sheets
if necessary).

COMPLAINT

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

Name	Lydia F. Guise
Street Address	1891 Bielenberg Dr.
County, City	Washington, Woodbury
State & Zip Code	Minnesota, 55125
Telephone Number	(651) 489-9425

SCANNED

JUL 30 2015

U.S. DISTRICT COURT ST. PAUL

2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name **Allina Health System (HQ) (GC) Elizabeth Truesdell Smith, JD**
Street Address **2925 Chicago Avenue/ The Commons at Midtown Exchange**
County, City **Hennepin, Minneapolis**
State & Zip Code **Minnesota 55407**

b. Defendant No. 2

Name **Healtheast Corporate Executive/Paul Torgerson-General Counsel**
Street Address **559 Capitol Boulevard**
County, City **Ramsey, Saint Paul**
State & Zip Code **Minnesota 55103**

c. Defendant No. 3

Name
Street Address
County, City
State & Zip Code

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Question

☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

Malpractice Minnesota Statue 541.076(a)(b)

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name:

State of Citizenship:

Defendant No. 1:

State of Citizenship:

Defendant No. 2:

State of Citizenship:

Attach additional sheets of paper as necessary and label this information as paragraph 5.

Check here if additional sheets of paper are attached. ☐

6. What is the basis for venue in the District of Minnesota? *(check all that apply)*

☒ Defendant(s) reside in Minnesota ☐ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7.

I discovered in my medical records, that I was labeled having an "Unspecified Personality Disorder" by Allina Health Clinic and that I had a "Bipolar Disorder" by Saint Joseph Hospital, sometime around June 2012, after I was placed there by Woodwind Hospital with False information and lies.

I was never informed of these disorders and they are not "True". Perhaps, that's the reason why, it was not provided to me as the patient.

Nevertheless, I can prove that I don't have an "Unspecified Personality Disorder" and a "Bipolar Disorder".

Therefore, I would like to challenge these "doctors" by having them prove, that I have these disorders.

Nevertheless, when I started to think about my ordeal, and I started to conduct research and I started asking questions, to find out what actually happen to me.

Therefore, I requested my medical records from St. Joseph's Hospital in 2014 and I couldn't believe what I was seeing and it really disturbed me. It caused me a great deal of Emotional Distress and Depression on top of my Depression and it caused me a great deal of suffering.

I also feel it was a willful disregard of my safety and well-being.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☒ → (Pages 1-77)

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

I would like the courts to have these doctors provide proof, that I have these "Disorders". First, I would like to know what they are and what are the symptoms and second I would like to know, what were my symptoms because I would like to know and I need to know. Especially, because I was not told face to face that I have these disorders.

Therefore, if they are not able to provide the information that's requested (proof) that I have these disorders, I would like my medical records cleared of any negative information that's untrue about my health. I also would like to be compensated Seventeen Million Dollars plus punitive damages for my intentional Emotional Distress and for being intentionally misdiagnosed with false information.

Signed this 30 day of July 2015

Signature of Plaintiff

Sydia L. Gure

Mailing Address

**1891 Bielenberg Drive
Woodbury, Mn 55125**

Telephone Number

(651) 489-9425

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.